

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. *182-a*

Registered No. *98*

1. PLACE OF BIRTH

County *Gila*

Township

City *Miami*

No.

State

or Village

St.

(If birth occurred in a hospital or institution, give its NAME instead of street and

2. Full name of child *Raul Hernandez*

[If child is not yet nan supplemental report, a

3. Sex *Male*

If plural births

4. Twin, triplet or other

6. Premature

7. Legiti-

8. Date of birth *July 20*

5. Number, in order of birth

Full term *Yes*

mate? *Yes*

(Month, day, year)

9. Full name

FATHER

Jose Hernandez

18. Full maiden name

MOTHER

Guadalupe Yampou

10. Residence (usual place of abode)

(If nonresident, give place and State) *Miami*

19. Residence (usual place of abode)

(If nonresident, give place and State) *Miami*

11. Color or race *Mex*

12. Age at last birthday *31*

(Years)

20. Color or race *Mex*

21. Age at last birthday *20*

(Years)

13. Birthplace (city or place)

(State or country)

San Mex

22. Birthplace (city or place)

(State or country)

Chi, Mex

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lab

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Copper Mine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Home

16. Date (month and year) last en-

gaged in this work

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19.

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living *3*

(b) Born alive but now dead *0*

(c) Stillborn *0*

28. If stillborn,

period of gestation

months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Born alive* at *725-a* m. on the date above stated

(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed)

Jose Hernandez

or

Address

Guadalupe Yampou

File

Given name added from a supplemental report

(Date of) *989-720-771*

Registrar.